PTO/SB/01 (03-01) Approved for use through 10/31/2002. OMB 0651-0032

06310 USA

O'CONNOR

COMPLETE IF KNOWN

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

Attorney Docket Number

First Named Inventor

Application Number

Declaration	Declaration	Filing Date		
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Group Art Unit		
Filing	(37 CFR 1.16 (e)) required)	Examiner Name		
As a below named inventor, I he	reby declare that:			
My residence, mailing address, an	d citizenship are as stated	below next to my nam	e.	
I believe I am the original, first and names are listed below) of the sub				
harnes are listed below) of the sub	Ject matter which is claime	and for writer a pate	in is sought on the	ie invention entitled.
PROCESS AND APPARA	TUS FOR THE CRY	DGENIC SEPARA	TION OF AIR	
	(Title of the	Invention)		· · · · · · · · · · · · · · · · · · ·
the specification of which				
is attached hereto				
OR				
was filed on (MM/DD/YYYY)		as United Sta	ates Application 1	Number or PCT International
was filed of (MiM/DD/1111)			aree , ipprication, i	tamber of the financial
	········		<u> </u>	
Application Number	and was am	ended on (MM/DD/YY)	YY) [(if applicable).
I hereby state that I have reviewed amended by any amendment spec		ents of the above identi	fied specification	, including the claims, as
I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became avail	able between the filing	defined in 37 CFF date of the prior	R 1.56, including for continuation- application and the national or
I hereby claim foreign priority ben	efits under 35 U.S.C. 119((a)-(d) or (f), or 365(b)	of any foreign ap	oplication(s) for patent, inventor's
or plant breeder's rights certificate than the United States of Americ	a, listed below and have	also identified below,	by checking the	box, any foreign application for
patent, inventor's or plant breeder application on which priority is clai		any PCT international	application havin	g a filing date before that of the
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Nulliber(3)		(MINI/DD/1111)		VI C
0240445.7	GB	08/20/2002		
0219415.7	GB	00/20/2002		
		:		
Additional familiary (1997)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/00D attack and harrestee
Additional foreign application	numbers are listed on a st	uppiemental priority da	ia sneet PTO/SB	/UZB attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number of Bar Code L		23543		OR Co	rrespondence address below
Name					
Address					
City			State	9	ZIP
Country	Telep	hone			Fax
I hereby declare that all statements made herein of mare believed to be true; and further that these statemade are punishable by fine or imprisonment, or both validity of the application or any patent issued thereon	nents h, und	were made with	the k	mowledge that willful fa	alse statements and the like so
NAME OF SOLE OR FIRST INVENTOR:		A petition ha	s be	en filed for this un	signed inventor
Given Name Declan P. (first and middle [if any])				ily Name O'CONNO urname	PR
Inventor's χ \mathcal{D}_{i} \mathcal{L}_{i} Signature χ	w	√		*	Date 21 Feb 2003 X
Chessington Residence: City		Surrey State		UK Country	lrish Citizenship
11 Bray Court, North Parad Mailing Address	le				
Chessington		Surrey State		KT9 1QN ZIP	UK Country
NAME OF SECOND INVENTOR:		A petition has	bee	n filed for this unsi	gned inventor
Given Name Rebecca J. (first and middle [if any])		I	Famil or Su	ly Name ANDREW	
Inventor's X Signature Affinetree				×	Date 21/02/03. X
Thames Ditton Residence: City	S	Surrey		UK Country	British Citizenship
Mailing Address 21 Scott Farm Close					
Thames Ditton City		Surrey State	Z	KT7 0AN ZIP	UK Country
Additional inventors are being named on the	_supp	elemental Addition	al Inv	ventor(s) sheet(s) PTO	/SB/02A attached hereto.

Please type a plus sign (+) inside this box		
---	---------	--

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

		12				-
Name of Additional Joint Inventor, if a	ny:		A petition has been	filed for t	his unsigned inventor	
Given Name (first and middle [if any	/])		Family N	ame or S	Surname	
Christopher		su	IGGITT			
Inventor's X Chin Signature X				X	Date 21 Feb 03	y
Woking Residence: City	Surrey State		UK	(British Citizenship	,
Mailing Address 19 Robinhood Road						
Mailing Address				-		
City Woking	Surrey State		GU21 1SY	Countr	y UK	
Name of Additional Joint Inventor, if a			A petition has been file	ed for thi	s unsigned inventor	
Given Name (first and middle [if any])		Family Na	ame or S	urname	
Paul		F	⊣¦ያያነν∯BOTHAM	I		
Inventor's in Management of the Signature in the second of				X	Date 21 Pb 03	K
Guildford Residence: City	Surrey State		UK Country	<	British Citizenship	
Mailing Address 14 Addison Road						
Mailing Address						
Guildford	Surrey State	1	ZIP GU1 3QG	Cour	UK	
Name of Additional Joint Inventor, if a	ny:		A petition has been filed			
Given Name (first and middle [if any]))	Family Name or Surname				
				-		
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
Mailing Address			7.			
City	State		ZIP	Cou	untry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

nder the Paperwork Reduction Act of 1995, no persons	are required to	Approve U.S. Patent and Tradema respond to a collection of informat	ed for use through ork Office; U.S. DE ion unless it displa	PTO/SB/81 (10/31/2002, OMB 065 PARTMENT OF COMM by a valid OMB control r	าบบวร
	•	Application Number			
•		Filing Date			
POWER OF ATTORNEY	/ OD	First Named Inventor	Declan	P. O'Connor	
		Title	Process	and Apparat	us
AUTHORIZATION OF AC	JEN I	Group Art Unit			•
•		Examiner Name	0.0010		
		Attorney Docket Number	r 06310	USA	
X Practitioners at Customer NumberORPractitioner(s) named below:	nber	23543	—► Num	e Customer nber Bar Code el here	
Name		R	egistration Nu	umber	
			<u> </u>	~···~~	
as my/our attorney(s) or agent(s) to p business in the United States Patent	rosecute th and Traden	e application identified a	bove, and to		
as my/our attorney(s) or agent(s) to p business in the United States Patent Please change the correspondence a	and Traden ddress for t	e application identified a nark Office connected th	bove, and to erewith.		
as my/our attorney(s) or agent(s) to p business in the United States Patent Please change the correspondence a The above-mentioned Customer	and Traden ddress for t	e application identified a nark Office connected th	bove, and to erewith.	transact all	
as my/our attorney(s) or agent(s) to p business in the United States Patent Please change the correspondence a The above-mentioned Customer OR	and Traden ddress for t Number.	e application identified a nark Office connected th	bove, and to erewith. cation to: Place Cu	transact all ustomer Bar Code	
as my/our attorney(s) or agent(s) to p business in the United States Patent Please change the correspondence a The above-mentioned Customer	and Traden ddress for t Number.	e application identified a nark Office connected th	bove, and to erewith. cation to:	transact all ustomer Bar Code	
as my/our attorney(s) or agent(s) to pusiness in the United States Patent Please change the correspondence a The above-mentioned Customer OR Practitioners at Customer Number	and Traden ddress for t Number.	e application identified a nark Office connected th	bove, and to erewith. cation to: Place Cu	transact all ustomer Bar Code	
as my/our attorney(s) or agent(s) to p business in the United States Patent Please change the correspondence a The above-mentioned Customer OR Practitioners at Customer Number OR Individual Name Address	and Traden ddress for t Number.	e application identified a nark Office connected th	bove, and to erewith. cation to: Place Cu	transact all ustomer Bar Code	
as my/our attorney(s) or agent(s) to p business in the United States Patent Please change the correspondence a The above-mentioned Customer OR Practitioners at Customer Number OR Individual Name Address Address	and Traden ddress for t Number.	e application identified a nark Office connected th	bove, and to erewith. cation to: Place Cu	transact all ustomer Bar Code	
as my/our attorney(s) or agent(s) to p business in the United States Patent Please change the correspondence a The above-mentioned Customer OR Practitioners at Customer Number OR Individual Name Address Address City	and Traden ddress for t Number.	e application identified a nark Office connected th	bove, and to erewith. cation to: Place Cu	transact all ustomer Bar Code	
as my/our attorney(s) or agent(s) to p business in the United States Patent Please change the correspondence a The above-mentioned Customer OR Practitioners at Customer Number OR Individual Name Address Address City Country	and Traden ddress for t Number.	e application identified a nark Office connected the above-identified appli	bove, and to erewith. cation to: Place Cu	transact all ustomer Bar Code re	
as my/our attorney(s) or agent(s) to p business in the United States Patent Please change the correspondence a The above-mentioned Customer OR Practitioners at Customer Number OR Individual Name Address Address City Country Telephone	and Traden ddress for t Number.	e application identified a nark Office connected the above-identified appli	bove, and to erewith. cation to: Place Cu	transact all ustomer Bar Code re	
as my/our attorney(s) or agent(s) to p business in the United States Patent Please change the correspondence a The above-mentioned Customer OR Practitioners at Customer Number OR Individual Name Address Address City Country	and Traden ddress for t Number.	e application identified a nark Office connected the above-identified appli	bove, and to erewith. cation to: Place Cu	transact all ustomer Bar Code re	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

□ *Total of _______forms are submitted.

Mark L. Rodgers

Name

Date

Signature

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.